FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Section

FORM D

DEC - 32000

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OMB Numb	per:	3235-0076
Expires:	Nov	ember 30, 2008
Estimated a	~	e burden se

NOTICE OF SALE OF SECURITIES; ingion, UC
PURSUANT TO REGULATION D, FOR SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	SEC USE ONLY	<u>/</u>
Prefix	_	Serial
	DATE RECEIVE	D

Filing Under (Check box(es) that apply: Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Ross Harris, LLC Address of Executive Offices	Name of Offering (che	ck if this is an amendme	nt and name has chan	ged, and indicate cha	ange.) Membership Inter	est
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Ross Harris, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 1288 Columbus Avenue, #133, San Francisco, CA 94133 (323) 314-0596 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Real Estate Investments Type of Business Organization limited partnership, already formed business trust limited partnership, to be formed Month Year Actual Strimated Date of Incorporation or Organization: 1 1 0 8 Actual Strimated Date of Incorporation or Organization: Enter two-letter U.S. Postal Service abbreviation for State: THOMSON REUTERS			Rule 505	⊠ Rule 506	Section 4(6)	ULOE
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business trust limited partnership, to be formed	Type of Business Organization					
Actual or Estimated Date of Incorporation or Organization: Month Year DEC 11 2008	corporation	limited partnership	already formed	\boxtimes	other (please specify) I	Limited Liabil Dang FSSFD
Actual or Estimated Date of Incorporation or Organization: 1 1 0 8 Actual Unrisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: THOMSON REUTERS	business trust	limited partnership,	to be formed			" I KOOLOOLD
Actual or Estimated Date of Incorporation or Organization: 1 1 0 8 Actual Unrisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: THOMSON REUTERS		-				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Actual or Estimated Data of Incompantion	or Organizations	Month		□ A-+1	DLC 1 1 2000
CN for Canada: FN for other foreign jurisdiction	•	_	Doctal Service abbre	<u> </u>		THOMASONI DELITEDS
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GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA									
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Harris Investments, LLC Business or Residence Address									
1288 Columbus Avenue, #									
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if	individual):			······					
Stallion Joint Resources, Business or Residence Addres 36 Union Street, Madison	s (Number and Street,			•					
Business or Residence Address	s (Number and Street,		☐ Executive Officer	Director	General and/or Managing Partner				
Business or Residence Address 36 Union Street, Madison	s (Number and Street, , OH 44057 Promoter	City, State, Zip Code)	☐ Executive Officer	Director	General and/or Managing Partner				
Business or Residence Address 36 Union Street, Madison Check Box(es) that Apply:	s (Number and Street, OH 44057 Promoter individual)	City, State, Zip Code) Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner				
Business or Residence Address 36 Union Street, Madison Check Box(es) that Apply: Full Name (Last name first, if	s (Number and Street, OH 44057 Promoter individual)	City, State, Zip Code) Beneficial Owner	Executive Officer		General and/or Managing Partner				
Business or Residence Address 36 Union Street, Madison Check Box(es) that Apply: Full Name (Last name first, if it Business or Residence Address	s (Number and Street, OH 44057 Promoter individual) s (Number and Street, Promoter	City, State, Zip Code) Beneficial Owner City, State, Zip Code)							
Business or Residence Address 36 Union Street, Madison Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Address Check Box(es) that Apply:	s (Number and Street, OH 44057 Promoter individual) s (Number and Street, Promoter individual)	City, State, Zip Code) Beneficial Owner City, State, Zip Code) Beneficial Owner							
Business or Residence Address 36 Union Street, Madison Check Box(es) that Apply: Full Name (Last name first, if Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if	s (Number and Street, OH 44057 Promoter individual) s (Number and Street, Promoter individual)	City, State, Zip Code) Beneficial Owner City, State, Zip Code) Beneficial Owner		Director					
Business or Residence Address 36 Union Street, Madison Check Box(es) that Apply: Full Name (Last name first, if is Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if is Business or Residence Address	s (Number and Street, OH 44057 Promoter individual) s (Number and Street, or Promoter individual) s (Number and Street, or Promoter individual)	City, State, Zip Code) Beneficial Owner City, State, Zip Code) Beneficial Owner City, State, Zip Code)	Executive Officer	Director	General and/or Managing Partner				
Business or Residence Address 36 Union Street, Madison Check Box(es) that Apply: Full Name (Last name first, if it Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if it Business or Residence Address Check Box(es) that Apply:	s (Number and Street, OH 44057 Promoter individual) s (Number and Street, or Promoter individual) s (Number and Street, or Promoter individual) Promoter individual)	City, State, Zip Code) Beneficial Owner City, State, Zip Code) Beneficial Owner City, State, Zip Code) Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Business or Residence Address 36 Union Street, Madison Check Box(es) that Apply: Full Name (Last name first, if it Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if it Business or Residence Address Check Box(es) that Apply: Full Name (Last name first, if it Full Name (Last name first, if it	s (Number and Street, OH 44057 Promoter individual) s (Number and Street, or Promoter individual) s (Number and Street, or Promoter individual) Promoter individual)	City, State, Zip Code) Beneficial Owner City, State, Zip Code) Beneficial Owner City, State, Zip Code) Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

☐ Beneficial Owner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

				B. INFO	ORMATION	ABOUT OF	FERING			······································		
1. Has the i	ssuer sold, or do	es the issuer in	tend to sell, to		ed investors in also in Appen					Yes	No ⊠	
2. What is	What is the minimum investment that will be accepted from any individual:							\$ <u>100,000.00</u>				
2 Dage the	3. Does the offering permit joint ownership of a single unit?								Yes □	No ⊠		
	information rec	-	· -							_		
remunen person o	tion for solicitate agent of a broke persons to be list	tion of purchaser or dealer reg	sers in connectistered with the	tion with sale ne SEC and/or	es of securities with a state of	s in the offerin	ng. If a persone name of the	n to be listed broker or dea	is an associa ler. If more th	ted nan		
	st name first, if i	ndividual)		· · · · · · · · · · · · · · · · · · ·								
N/A Business or Re	sidence Address	(Number and	Street, City, S	itate, Zip Cod	c)					• • • • • • • • • • • • • • • • • • • •		
Name of Asso	ciated Broker or	Dealer						<u> </u>				
States in Which	h Person Listed I	las Solicited o	r Intends to Sc	licit Purchase	as							
-	All States" or ch										li States	
AL		AZ	AR	CA	со	CT	DE	DC	FL	[GA]	<u>HI</u>	_ID_
L.	IN	LIA.	KS	KY	LA	ME	MD	MA	[_MI_]	[MN]	MS	MO
MT		NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	sc sc	SD	TN	TX	UT	VT	VA	WA	w	Wi	[WY]	PR
Full Name (La	st name first, if i	ndividual)	····									_
Business or Re	sidence Address	(Number and	Street, City, S	tate, Zip Cod	e)							_
Name of Asso	ciated Broker or	Dealer		~								
	h Person Listed I All States" or ch				- -					A	ll States	
AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ίD
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
RI	SC	SD	TN	TX	ហ	VT	VA	WA	w	WI	WY	PR
Full Name (La	st name first, if it	ndividual)		· 					·			
Business or Re	sidence Address	(Number and	Street, City, S	tate, Zip Code	e)							_
Name of Associ	riated Broker or I	Dealer										
	h Person Listed I All States" or ch										I States	
AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	н	ID
IL	[N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA
RI	SC	SD	TN	TX	UT	VI	VA	WA	w.	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt		\$0-
Equity	\$ <u>100,000,00</u>	\$100,000.00
Convertible Securities (including warrants)	\$ -0-	s
Partnership Interests		\$0-
Other (Specify)	\$ <u>-0-</u>	\$0
Equity	s <u>-o</u> -	\$0-
Total	\$ 100,000.00	\$ 100,000,00
Answer also in Appendix, Column 3 if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities dollar amounts of their purchases. For offerings under Rule 504, indicate the number of pen and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "n	sons who have purchased securities	Aggregate Dollar Amount of Purchases
Accredited Investors		\$100,000.00
Non-accredited Investors	<u>-0-</u>	\$ <u>-0-</u>
Total (for filings under Rule 504 only)	ecurities sold by the issuer, to date,	\$ \$0-
Total (for filings under Rule 504 only)	ecurities sold by the issuer, to date, ecurities in this offering. Classify	S0- Dollar Amount
Total (for filings under Rule 504 only)	ecurities sold by the issuer, to date, ecurities in this offering. Classify Type of Security	\$
Total (for filings under Rule 504 only)	ecurities sold by the issuer, to date, ecurities in this offering. Classify Type of Security	S0- Dollar Amount Sold S0-
Total (for filings under Rule 504 only)	ecurities sold by the issuer, to date, ecurities in this offering. Classify Type of Security -00-	\$0- Dollar Amount
Total (for filings under Rule 504 only). Answer also in Appendix, Column 4 if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all s in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities by type listed in Part C – Question 1. Type of Offering Rule 505	ecurities sold by the issuer, to date, ecurities in this offering. Classify Type of Security -000-	S0- Dollar Amount Sold S0- S0- \$0-
Total (for filings under Rule 504 only)	ecurities sold by the issuer, to date, ecurities in this offering. Classify Type of Security -000-	\$0- Dollar Amount
Total (for filings under Rule 504 only). Answer also in Appendix, Column 4 if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all s in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities by type listed in Part C – Question 1. Type of Offering Rule 505	ecurities sold by the issuer, to date, securities in this offering. Classify Type of Security -000000000	S0- Dollar Amount Sold S0- S0- \$0-
Total (for filings under Rule 504 only)	ecurities sold by the issuer, to date, ecurities in this offering. Classify Type of Security -0001010101010-	S0- Dollar Amount Sold S0- S0- \$0-
Total (for filings under Rule 504 only)	ecurities sold by the issuer, to date, ecurities in this offering. Classify Type of Security -000010101010	S0- Dollar Amount Sold S0- S0- S0- \$0-
Total (for filings under Rule 504 only)	courities sold by the issuer, to date, ecurities in this offering. Classify Type of Security -00000- n of the securities in this offering. may be given as subject to future the box to the left of the estimate.	S0- Dollar Amount Sold S0- S0- S0- \$0-
Total (for filings under Rule 504 only). Answer also in Appendix, Column 4 if filing under ULOE. If this filing is for an offering under rule 504 or 505, enter the information requested for all s in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities by type listed in Part C – Question 1. Type of Offering Rule 505	courities sold by the issuer, to date, ecurities in this offering. Classify Type of Security -0001010101010-	\$0
Total (for filings under Rule 504 only)	courities sold by the issuer, to date, ecurities in this offering. Classify Type of Security -000000000	\$0- Dollar Amount Sold \$0- \$0- \$0- \$0- \$0- \$0- \$0- \$
Total (for filings under Rule 504 only)	courities sold by the issuer, to date, excurities in this offering. Classify Type of Security -000- n of the securities in this offering. may be given as subject to future he box to the left of the estimate.	\$0- Dollar Amount Sold \$0- \$0- \$0- \$0- \$0- \$
Total (for filings under Rule 504 only)	courities sold by the issuer, to date, ecurities in this offering. Classify Type of Security -0001010101010-	S0- Dollar Amount Sold \$0- \$0- \$0- \$0- \$0- \$0- \$

I	 Enter the difference between the aggregate offering price furnished in response to Part C - Question 4.a. This diff 				\$ <u>96.865.0</u>
t	ndicate below the amount of the adjusted gross proceeds to hown. If the amount for any purpose is not known, furnis otal of the payments listed must equal the adjusted gross part of the payments listed must equal the adjusted gross part of the payments listed must equal the adjusted gross part of the payments listed must equal the adjusted gross part of the payments listed must equal the adjusted gross part of the payments listed must equal the adjusted gross proceeds to the payments of the payments and payments are payments are payments and payments are payments and payments are payments and payments are payments and payments are payments and payments are payments and payments are payments are payments are payments and payments are payments are payments are payments are payments are payments and payments are pay	h an estimate and check the box to the left of t	the estimate. The		
		,		Payments to Officers Directors & Affiliates	Payments to Others
5	alaries and fees			\$	_
I	rurchase of real estate			\$	_ 🗆 s
	rurchase, rental or leasing and installation of machinery nd equipment			\$	□ \$
	Construction or leasing of plant buildings and facilities				□ \$
(Acquisition of other businesses (including the value of securit Offering that may be used in exchange for the assets or securit ssuer pursuant to a merger)	ies of another		\$	_
	•				
	Repayment of indebtedness		_	\$	
	Vorking capital		_	s	
			U	s	_ 🗆 \$
-				\$	_ 🗆 s
(Column Totals			\$	<u> </u>
1	otal Payments Listed (column totals added)		🛛	\$ 96,865,00	2
_		D. FEDERAL SIGNATURE			
crt	tuer has duly caused this notice to be signed by the undersignated by the issuer to furnish to the U.S. Securities and Excited investor pursuant to paragraph (b)(2) of Rule 502.	ned duly authorized person. If this notice is file hange Commission, upon written request of its s	ed under Rule 505, the staff, the information	e following si furnished by	gnature constitutes ar the issuer to any non-
sue	r (Print or Type)	Signature	$\overline{}$	Date	e
089	Harris, LLC	1		No.	$rember \mathcal{Z}/$, 2008
am	e of Signer (Print or Type)	Title of Signer (Print or Type)		11404	CHIDEL & / , 2008
	amin J. Harris, General Manager	Harris Investments, LLC, its		ger	
				-	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

